

Central Regional School District
Permission for Trips

My child _____ has my permission to participate with
(Child's Name)

the following group: _____ on a field trip with _____
(club, team, activity, etc.) (Advisor)

going to _____
(Location, including town and state)

on _____ / _____ returning _____ / _____
(date) (time leaving) (date) (time returning)

This is to certify that my child, named above, has my permission to participate in the specified trip, and to travel off school grounds with the group for the purpose of participating in the group's activities and events. I understand that, if circumstances warrant, including in case of disciplinary infractions, I may be contacted and requested to transport my child home prior to the end of the trip.

I knowingly and voluntarily agree to waive any and all claims for liability, loss, injury damages or expenses which my child and I may have against Central Regional Board of Education, collectively and individually, and it's agents, employees and chaperones resulting in anyway from participation in the above activity and related transportation.

Students Trip Medical Release and Health Information

In case your child may require emergency medical services while on an off-campus trip, we ask that you complete the following information:

Parent/Guardian Name: _____

Home #: _____ Business#: _____ Cell#: _____

If Parent/Guardian can not be reached, in case of emergency, please call:

Name: _____ Phone#: _____

Relationship: _____

Parent/Guardian Signature _____ Date _____

